

HAWAII STATE ETHICS COMMISSION

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Web site: www.hawaii.gov/ethics

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(First)	(Middle)	TELEPHONE 808-544-8960	
Amy			
MAILING ADDRESS (Street)			
737 Bishop Street, Suite 2350, Pacific Guardian Center, Mauka Tower			
(State)		(Zip Code)	
Hawaii		96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			
MAILING ADDRESS (Street)			
			(State)
	Amy Te 2350, Pacific Guardian (State) Hawaii in only if you are employed by a business	Amy re 2350, Pacific Guardian Center, Mauka Tower (State) Hawaii in only if you are employed by a business entity which has been retained to lobby)	

PART II ORGANIZAT	ION			
NAME OF ORGANIZATION Y	TELEPHONE			
Ulupono Initiative	808-544-8960			
MAILING ADDRESS (Street)	FAX 808-544-8961			
737 Bishop Street, Su	EMAIL			
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96813		
NAME OF PERSON RESPONSIE	TELEPHONE			
Murray Clay	808-544-8960			
MAILING ADDRESS (Street)	FAX 808-544-8961			
737 Bishop Street, Suite 2350, Pacific Guardian Center, Mauka Tower		EMAIL		
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96813		

LREG 09/2009
REC'D BY HAND DELIVER?

PART III DESCRIPTION	N OF SUBJECTS UPON WH	ICH YOU EXPECT TO LO	BBY		
Agriculture	Education	☐ Human Services		Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relation International Affairs	ns,	☐ Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment		☐ Transportation	
Culture, Arts, Historic Preservation	C Health	Planning, Land & Water Use Management		Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	s		
	ON OF LOBBYIST	us in to the heat of my know	uladaa aa	reat and complete	
Thereby certify that the	ne information furnished abov	e is, to the best of my know	1	rect and complete.	
Malle			111	2013	
	(Signature of Lobbyist)			(Date)	
PART V AUTHORIZAT	ION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Murray Clay		Managing Partner			
NAME OF ORGANIZATION (if	(if applicable) TELEPHONE		ONE		
Ulupono Initiative	808-544-8960			8-544-8960	
MAILING ADDRESS (Street)			FAX 808-544-8961		
737 Bishop Street, Suite 2350, Pacific Guardian Center, Mauka Tower			EMAIL mclay@uluponoinitiative.com		
(City)	(State)		(Zip Code)		
Honolulu	Hawaii		96813		
I hereby authorize the	above - named person to er	ngage in lobbying activities	on behalf	of the undersigned.	
My	ufly		1/16	12013	
(Signature of Authorizing Officer or Person Represented)		(Date)			